

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONFORM APPROVED
OMB NO. 0938-0193**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:

05-001

2. STATE

Indiana

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES4. PROPOSED EFFECTIVE DATE
January 1, 2005

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 440

7. FEDERAL BUDGET IMPACT:

a. FFY 2005 \$ 90,000

b. FFY 2006 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, pg 1b

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 4.19-B, pg 1b

10. SUBJECT OF AMENDMENT:

allow payment for a child to receive out of state services that can only be obtained at Johns Hopkins medical center

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED:☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Melanie Bella

13. TYPED NAME: Melanie Bella

14. TITLE: Assistant Secretary, Medicaid Policy & Planning

15. DATE SUBMITTED:

1/7/05

16. RETURN TO:

Melanie Bella, Assistant Secretary
Indiana Office of Medicaid Policy and Planning
402 West Washington, Room W382
Indianapolis, IN 46204
ATTN: Tracy Brunner, State Plan Coordinator**FOR REGIONAL OFFICE USE ONLY**17. DATE RECEIVED:
1/7/05

18. DATE APPROVED:

~~1/10/05~~ 1/26/05**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1/1/05

20. SIGNATURE OF REGIONAL OFFICIAL:

Cheryl A. Harris

21. TYPED NAME: Cheryl A. Harris

22. TITLE: Associate Regional Administrator
Division of Medicaid and Children's Health

23. REMARKS:

RECEIVED

JAN 10 2005

DMCH - IL/IN/OH

II. Application of reimbursement methodology for services provided by physicians and limited license practitioners (LLPs)

1. Reimbursement for services provided by physicians and limited license practitioners (LLPs), except for services described in subdivisions two (2) through six (6) below, will be equal to the lower of:
 - the provider's submitted charges for the procedure, or
 - the established RBRVS fee schedule allowance for the procedure.
2. Services provided by assistant surgeons will be reimbursed at twenty percent (20%) of the RBRVS fee schedule amount for the procedure and surgeons at sixty-two and one-half percent (62.5%) of the RBRVS fee schedule amount for the procedure.
3. Reimbursement for all services is subject to the global surgery policy as defined by the Health Care Financing Administration for the Medicare Part B fee schedule for physician services. The global surgery policy will not apply to the following codes:
 - 59410 - vaginal delivery, including post-partum care, and
 - 59515 - caesarean delivery, including post-partum care.
4. Reimbursement for services provided by physicians and LLPs is subject to the policy for supplies and services incident to other procedures as defined by the Health Care Financing Administration for the Medicare Part B fee schedule for physician services.
5. Separate reimbursement will not be made for radiologic contrast material, except for low osmolar contrast material (LOCM) used in intrathecal, intravenous, and intra-arterial injections.
6. Reimbursement for services provided by physicians and LLPs is subject to the site-of-service payment adjustment. Procedures performed in an outpatient setting that are normally provided in a physician's office will be paid at eighty percent (80%) of the RBRVS fee schedule amount for the procedure. These procedures are identified using the site-of-service indicator on the Medicare fee schedule database.
7. Payment for out of state services provided by physicians associated with the Johns Hopkins University Clinical Practice Association will be made in accordance with negotiated rates.

III. Application of the RBRVS reimbursement methodology for services provided by non-physician practitioners (NPPs)

1. Reimbursement for services provided by non-physician practitioners (NPPs), except services described in subdivisions 2 and 3 below, will be equal to the lower of:
 - the submitted charge for the procedure, or
 - the established RBRVS fee schedule amount for the procedure.

TN No. 05-001
Supersedes
TN No. 94-031

Approval Date JAN 20 2005

Effective Date January 1, 2005